THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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Court Name: Case Name: Case Number: (if known)				
		JUVENILE WAIVER OF COUNSEL		
I,			of	
have be		ed with		
represer	nted by ar		e at arraignment (my first court hearing) my right to be at arraignment, guardian or custodian are unable to be to represent me.	
	I have had the charges against me fully explained. I understand that the charge against me would be a FELONY if committed by an adult, and that I could be certified to stand trial as an adult criminal defendant with the possible penalties that would be given to an adult for that crime. Those penalties have been fully explained to me.			
	above of individuation or crisis	have had the charges against me fully explained. If the Court finds I have committed the bove offense(s), penalties may include: placement on conditional release; attendance at adividual or family counseling; release in the care and supervision of a relative, group home, or crisis home; the payment of a fine up to \$250, restitution or both in cases of delinquency; and/or loss or denial of driver's license for a minimum of 90 days but not more than a year.		
		tand what I am doing. I DO nave an attorney represent i	NOT want an attorney and hereby waive (give up) my me.	
			Signature of Juvenile	
Date			Signature of Parent/Guardian/Custodian	
him/her	and the p	ossible penalties which the	I the juvenile if s/he understands the charge(s) against Court may order, is satisfied that s/he fully understands n/her and, if indigent, to have an attorney appointed by the	
			ort-appointed counsel with the juvenile's parents, guardian stodian concur in this waiver.	
	ight to an		Is that the juvenile has the mental capacity to evaluate juvenile does knowingly, intelligently and voluntarily waive	
Date			Signature of Judge	
			Printed Name of Judge	